

# **Colorado State University Police Department 2018 Citizen's Police Academy**

## **Application Packet**



Applications are due no later than 5 p.m. on Friday December 22, 2017

Incomplete or illegible applications will not be considered.

Please complete this packet and return it to:  
**Colorado State University Police Department**  
750 S. Meridian Ave.  
Green Hall  
Fort Collins, CO 80523-6023

# Citizen's Police Academy

## Overview

The Citizen's Police Academy, hosted by the Colorado State University Police Department is designed to allow citizens the opportunity to gain first-hand knowledge of police responsibility. Through a class curriculum, the students will learn about police operations and community programs to include introductions to patrol procedures, constitutional law, firearms, illegal drugs, investigations, arrest control techniques and high risk vehicle stops.

The curriculum is scheduled for classes to be held from 6:00 p.m. to 8:30 p.m. on Thursday evenings for a total of twelve (14) weeks. The academy is free. The Colorado State University Police Department will provide writing materials and booklets for your use. ***Participation during each class is strongly encouraged.***

Outside of the classroom, students will have the opportunity to do a Ride-Along with an officer or sit in with a dispatcher. The academy requires that each participant attend at least 12 of the 14 classes in order to graduate. The students who successfully complete the required classes will receive a certificate of completion, a working knowledge of police work and a chance to return and participate in future academies as alumni.

Fifteen (15) students and twelve (12) faculty or staff members will be admitted into the academy. Student applicants must have a 2.5 GPA. All applicants must be free of felony and misdemeanor convictions and must agree to a limited background investigation which will be performed by the Colorado State University Police Department.

Our agency encourages the Colorado State University community to take part in this unique experience. This academy does not require any previous knowledge of law enforcement or any special physical abilities. If you have a physical disability or special needs, please notify us in advance so we can make accommodations for you.

Qualified applicants will be accepted on a first come, first serve basis. You will be notified of your status within two weeks of the application deadline. Correspondence will be made primarily by email.

Thank you for your application and we look forward to seeing you in the academy!

**Colorado State University Police Department**

**2018**

**Citizen's Police Academy Application**

**STATUS**

Student    Faculty / Staff    Non CSU Community Member

**PERSONAL INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Female    Male

**STUDENT STATUS**

Freshman    Sophomore    Junior    Senior    Graduate Student

Major \_\_\_\_\_ GPA \_\_\_\_\_

**FACULTY**

Department \_\_\_\_\_ Supervisor \_\_\_\_\_

**NON CSU COMMUNITY MEMBER** (CSU STAFF/STUDENTS WILL BE SELECTED FIRST. NON CSU COMMUNITY MEMBERS WILL BE SELECTED AS CLASS ROSTER ALLOWS)

Employer \_\_\_\_\_

**MEDICAL CONDITIONS**

Do you have any known medical conditions?    No    Yes

If yes, please explain \_\_\_\_\_

**EMERGENCY CONTACT**

Who can we contact in case of an emergency? \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

**INTERESTS**

Why would you like to participate in the 2018 Citizen's Police Academy?

What do you expect to learn from of the Citizen's Police Academy?

What are your hobbies?

By signing this application, you are agreeing that the above information is true to the best of your knowledge.

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Signature

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Date

# 2018 Citizen's Police Academy Background Check Consent Form

I, \_\_\_\_\_ hereby authorize the Colorado State University Police Department to conduct a limited background investigation for the purpose of acceptance in the Citizen's Police Academy. I authorize said personnel to receive any criminal history record information or driver's history pertaining to me which may be with any state or local justice agency.

Last Name:	First Name	Middle In.	
_____	_____	_____	
Address	City	State	Zip
_____	_____	_____	_____
Phone Number	Email		
_____	_____		

Date of Birth \_\_\_\_\_  
 Female    Male

Social Security Number

Driver's License Number	State Issued
_____	_____

Signature	Date
_____	_____

	<i>For Official Use Only</i>		
BBC Results	No Record	No Wants	See Attached
CCIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NCIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DMV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CO Court Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offender Listing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EPLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excluded Party Lists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>